

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024867

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 159 Primary Registration District No. 5590 Registrar's No. 27

STATE FILE NUMBER

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

|   |  |  |                                    |
|---|--|--|------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jefferson</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Jefferson</b>                              |                                    |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Big River Twp. Fletcher</b>   |  | c. CITY OR TOWN <b>Fletcher, Mo.</b>   |                                    |
| Length of stay in 1b <b>6 years</b>   |  | Inside Limits <b>Yes</b> <input type="checkbox"/> <b>No</b> <input checked="" type="checkbox"/>  |                                    |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Star Route West</b>   |  | d. STREET ADDRESS (If outside, give location)<br><b>General Delivery</b>   |                                    |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Thomas</b> Middle <b>Alexander</b> Last <b>Kramer</b>   |  | 4. DATE OF DEATH<br>Month <b>7</b> Day <b>1</b> Year <b>63</b>   |                                    |
| 5. SEX <b>M</b>   | 6. COLOR OR RACE <b>W</b>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>             | 8. DATE OF BIRTH <b>11/29/1889</b> |
| 9. AGE (last birthday) <b>73</b>  |  | IF UNDER 1 YEAR Months Days Hours Min.   |                                    |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Farm laborer</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>   |                                    |
| 11. BIRTHPLACE (City and state or country) <b>St. Mary, Kansas</b>  |  | 12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>  |                                    |
| 13a. FATHER'S NAME <b>Alexander Kramer</b>  |  | 13b. MOTHER'S MAIDEN NAME <b>Not known</b>   |                                    |
| 14. NAME OF HUSBAND OR WIFE <b>None</b>   |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>   |                                    |
| 16. INFORMANT <b>Mrs. Geo. Kramer, Fletcher, Mo.</b>  |  | Address  |                                    |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Gun shot wound to Heart-</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  | INTERVAL BETWEEN ONSET AND DEATH   |                                    |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                                    |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br><b>Self Inflicted - 22 cal</b>                                       |                                    |
| 20c. TIME OF INJURY Hour a.m. <b>11:00</b> Month, Day, Year <b>7-1-63</b>   |  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>  |                                    |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>  |  | 20f. CITY, TOWN, OR LOCATION. COUNTY <b>Jeff.</b> STATE <b>Mo.</b>   |                                    |
| 21. I attended the deceased from <b>CORONER'S VIEW</b> to <b>11:00 A</b> and last saw him/her alive on <b>7-1-63</b>  |  | Death occurred at <b>11:00 A</b> on the date stated above, and to the best of my knowledge, from the causes stated.  |                                    |
| 22a. SIGNATURE (Degree or title) <b>James C. De Soto, M.D.</b>  |  | 22b. ADDRESS <b>Fletcher, Mo.</b>  |                                    |
| 22c. DATE SIGNED <b>7-1-63</b>  |  | 22d. LOCATION (City, town, or county) (State) <b>Fletcher, Mo.</b>   |                                    |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   |  | 23b. DATE <b>7/3/1963</b>  |                                    |
| 23c. NAME OF CEMETERY OR CREMATORY <b>Fletcher</b>  |  | 23d. LOCATION (City, town, or county) <b>Fletcher, Mo.</b>   |                                    |
| 24. FUNERAL DIRECTOR <b>J. Lee Mothershead De Soto, Mo.</b>   |  | 25. DATE RECD. BY LOCAL REG. <b>7/3/63</b>   |                                    |
| 26. REGISTRAR'S SIGNATURE <b>Paul E. Keppner</b>  |  | 26. REGISTRAR'S SIGNATURE <b>Paul E. Keppner</b>   |                                    |

7/15/1908

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with rev. 1911

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8-28

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.

If this body is not embalmed, fact should be so stated above.

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